Name In Full — Certificate of Death

Alice Rebeckker Alens 5

Died at (Town) Lanhams — County Pr Geo Co ~~Md~~ MARYLAND

Date 1900 — Month July — Day 7 — Age (Y. M. D.) 16 — Native of Md — Occupation House work

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Benjaman Alens — Mother's Name Sarah Alens

Cause of Death: Primary 179 — Immediate

How long sick 4 m

Accident, ~~Suicide, Homicide~~

Reported by [illegible]

Address [illegible] — Prince Georges Co ~~White marsh~~

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Certificate of Death

Beatrice A. Anderson 5

Died at Town Bowie County Prince George MARYLAND

Date 1900 Month July Day 18 | Age Y. M. 6 D. 14 | Native of Maryland | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living —

Husband of Wife

Father's Name Albert E Anderson Mother's Maiden Name Clara J Mackabee

Cause of Death

Primary Cholera Infantum | How long sick 10 Days

Immediate 105 ~~[illegible]~~ | Accident, Suicide, Homicide

Reported by Dr Nelson A Ryon

Address Bowie Prince George Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full		Certificate of Death

Fanny Barlen 5

Died at Town Glenndale County Prince George MARYLAND

Date 1900 Month July Day 12 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 9

~~Husband~~ Wife of Pinckney Barlen

Father's Name – Mother's Maiden Name Maria Mathews

Cause of Death | Primary Pneumonary, 27 | How long sick 13 months
Cause of Death | Immediate Consumption | Accident, Suicide, Homicide

Reported by Dr James T Perkins

Address Springfield Prince George co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full Henry Bertrand

Certificate of Death

Died at Town Takoma Park County Prince George MARYLAND

Date 19 00 Month July Day 25 | Age Y. 6 M. 1 D. | Native of Md | Occupation

~~Male~~ ~~White~~ Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Emile Bertrand

Mother's Maiden Name Emma Bertrand

Cause of Death

Primary 105 ~~24~~

Immediate Cholera Infantum

How long sick 3 days

Accident, Suicide, Homicide

Reported by Alfred V. Parsons M.D.

Address Takoma Park, D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

L. M. Moore Registrar

LIBRARY BUREAU 79908

Name in Full — Josephine Boyle — 5 — Certificate of Death

Died at — Town: Hyattsville — County: P. G. — MARYLAND

Date 1900 — Month: July — Day: 18 — Age Y. M. D.: 21 — Native of: Maryland — Occupation: —

Male — White — ~~Married~~ — ~~Widow~~ — Divorced

Female — ~~Colored~~ — Single — Widower — ~~Number~~ of children living

Husband / Wife of — Susana

Father's Name: James Boyle — Mother's Name: Irene Boyle

Cause of Death — Primary: Premature Birth 151 — How long sick: 10 days

Immediate: asthenia ~~1390~~ — ~~Accident, Suicide,~~ Homicide

Reported by: C. A. Richardson

Address: Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Jefferson Brooks — 5

Certificate of Death

Died at — Town: Meadows — County: P. G. Co — MARYLAND

Date 1900 — Month: 7 — Day: 26 | Age: Y. 29 M. D. | Native of: Md | Occupation: Farmer

Male — White — ~~Married~~ — Widow — Divorced

~~Female~~ — ~~Colored~~ — Single — Widower — Number of children living

Husband / Wife of

Father's Name: Dennis Brown — Mother's Maiden Name: Ryon

Cause of Death — Primary: 27 — Immediate: Tuberculosis — ~~2 2~~ — How long sick: 1 year

Accident, Suicide, Homicide

Reported by: Dr L. A. Griffith

Address: Upper Marlboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full — William F. Brown

Certificate of Death

Died at Town: Croom — County: P. G. — MARYLAND

Date: 1900 — Month: July — Day: 31

Age: Y. 52 — M. — D. 4

Native of: Md

Occupation: Servant

Male ~~Female~~ ~~Wife~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living: 2

Husband of / Wife: Nancy Brown

Father's Name: Edward Brown

Mother's Name: Flora Brown

Cause of Death — Primary: Brights disease

How long sick: About 2 years

Immediate: Exhaustion 120

Accident, Suicide, Homicide

Reported by: W H Gibbons Md

Address: Croom Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full 5 Harry Bulley Certificate of Death

Died at Town County Pr. Geo. MARYLAND

Date 1900 Month July Day 14 Age Y. 80 M. D. Native of Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Maiden Name # 154

Cause of Death { Primary Old age 81 How long sick

{ Immediate Chronic case of gastritis Accident, Suicide, Homicide

Reported by W. A. James, M.D.

Address Accokeek, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898

Name In Full 5 Levin T. Cartwright, Certificate of Death

Died at Town College Park, County Pr. Geo. Co MARYLAND

Date 1900. Month July Day 9 | Age Y. 69 M. — D. | Native of Md. | Occupation —

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband of Wife

Father's Name ~~1/2~~ Mother's Name

Cause of Death { Primary Apoplexy 64 / Immediate Softening of the Brain } How long sick

~~Accident, Suicide, Homicide~~

Reported by W. D. Erwin(?) MD

Address College Park Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full John Randolph Slater

Certificate of Death

Died at Laurel Town

County Prince Geo.

MARYLAND

Date 19 July 7. 1900 Month Day

Age 4 mo Y. M. D.

Native of. Maryland

Occupation Infant

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living One

Husband of Wife

Father's Name John Slater

Mother's Maiden Name Rebecca V. Slater

Cause of Death Primary Heart trouble. 79

Immediate Ex. haemorrhage 57

How long sick One month

Accident, Suicide, Homicide

Reported by Dr. Ryerly

Address Laurel. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70208

Recorded &
Permit issued
July 8, 1900

Name In Full John Dyson

Certificate of Death

Died at Town Nottingham County Pr. Geo. MARYLAND

Date 19 00 Month July Day 6 Age Y. — M. 3 D. — 0 Native of Md. Occupation Servant

Male ~~White~~ Married ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Not given Mother's Maiden Name Not given

Cause of Death { Primary Cholera Infantum How long sick 6 dys.

Immediate 105 Accident, Suicide, Homicide

Reported by Mary J. Maccubbin,

Address Nottingham, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70898

Name in Full — Certificate of Death

John Wynn (Dyson)

Died at Town: Nottingham County: P.G. Co — MARYLAND

Date 1900 Month: July Day: 6 | Age Y. M. D.: three months | Native of: Md | Occupation: Servant

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living

Husband / Wife of: None

Father's Name: dont know — Mother's Maiden Name: dont know

Cause of Death — Primary:

Immediate: Cholera Infantum 105

How long sick: 6 days

Accident, Suicide, Homicide

Reported by: Mary J MacCubbin

Address: Nottingham

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79993

Name in Full

Certificate of Death

5

William J. Harrison

Died at Town Marlboro County P. Geo Co MARYLAND

Date 189 1900 Month 7 Day 28 Age Y. 2 M. 1 D. 6 Native of Md Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of Wife

64

Father's Name James Harrison Mother's Name Henrietta Harrison

How long sick 2 weeks

Cause of Death Primary Immediate Congestion of Brain

Accident, Suicide, Homicide

Reported by Reverdy Sasscer M.D.

Address Upper Marlboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65[illegible]

Name in Full Mary Hallund 5 — Certificate of Death

Died at Cheltenham (Town) County P. G. Co MARYLAND

Date	Month	Day	Age Y. M. D.	Native of	Occupation
1900	July	27	80	Md	Housewife

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 5

~~Husband~~ Wife of Robert Halland (deceased)

Father's Name 144 Mother's Name 154

Cause of Death — Primary How long sick few hours

Immediate (supposed) old age no attendant Accident, Suicide, Homicide

Reported by D. H. Gibbons M.D.

Address Croom Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78898

Name in Full — Hermon Howarth — 5 — Certificate of Death

Died at — Town: Oxen Hill — County: Pr. Geo. — MARYLAND

Date 1900 — Month: 7 — Day: 31 — Age: Y. 11. M. 3. D. 23. — Native of: D. C. — Occupation: None

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband of Wife — ——

Father's Name: John T. Howarth — Mother's Nsme: Nannie E. Payne

~~How long sick~~

Cause of Death — Primary: Gunshot wound in neck

Immediate: Hemorrhage & Strangulation — Accident, ~~Suicide, Homicide~~

Reported by — E. P. Simpson, M. D., ROSECROFT,

Address — Pr. Geo. Co., Md.

166

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Maritha Jackson. 5 Certificate of Death

Died at Up. Marlboro - Town Prince Georges. County MARYLAND

Date 1900 Month 7. Day 22. Age Y. — M. 11 D. — Native of P. G. Co. Md Occupation —

~~Male~~ Female / ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name —

Mother's Name Mary Francis Jackson

Cause of Death: Primary Tuberculosis 27

Immediate

How long sick 8 months.

Accident, Suicide, Homicide

Reported by Marsen D. Hunes, M.D.

Address Upper Marlboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Nancy W Johnson

Certificate of Death

Died at near Town Nottingham County Pr. Geo. MARYLAND

Date 1900 Month July Day 13 Age Y. 21 M. D. Native of Pr. Geo Occupation none

~~Male~~ ~~White~~ ~~Married~~ Widow Divorced

Female Colored Single Widower Number of children living None

Husband of Wife

Father's Name Alfred Johnson Mother's Name Anna Johnson

Cause of Death Primary

Immediate Consumption 27

How long sick

Accident, Suicide, Homicide

Reported by Alfred Johnson

Address Nottingham Pr. Geo. Co. Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65058

Name in Full — Marie Muir — 5

Certificate of Death

Died at Town: near Riverdale — County: P.G. — MARYLAND

Date: 1900 Month: July Day: 28 — Age: Y. 9 M. D. — Native of: D.C. — Occupation:

~~Male~~ Female — White ~~Colored~~ — Married Single: X — Widow Widower — ~~Divorced~~ ~~Number of children living~~

Husband of Wife:

Father's Name: James Muir — Mother's Maiden Name: Minnie Morningmark

Cause of Death — Primary: Cholera Inf. 105 — How long sick: 6 — Immediate: asthenia — Accident, Suicide, Homicide

Reported by: Dr. G. A. Richardson

Address: Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full John F. 5 Newman

Certificate of Death

Town County

Died at — Prince Georges MARYLAND

Date 1900 Month 7 · Day 12	Age Y. 22 M. — D. —	Native of Wash.	Occupation driver

(Male) White (Married) Widow Divorced

Female (Colored) Single Widower Number of children living none

Husband
of
~~Wife~~ Mary 27

Father's Name ~~Jos~~ Richard N—

Mother's Name Amanda Newman

Cause of Death			How long sick
Primary	Consumption		7 mo's
Immediate	— —	— —	Accident, Suicide, Homicide

Reported by Dr J. Lee Adams Jr.

Address Takoma Pk D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898

Name in Full **Jerry Phelps.** Certificate of Death $

Died at Town ____ County **Prince George** MARYLAND

Date **1910** (~~191~~) Month **7** Day **15** | Age Y. M. D. | Native of **Md.** | Occupation **Farmer**

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name

Cause of Death: Primary **~~HG1~~ 179** Immediate | How long sick | Accident, Suicide, Homicide

Reported by **E. D. Hunt**

Address **Piscataway - Md.**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Alfred Rawlings

Certificate of Death

Died at Badens Town Pr Geo Co County MARYLAND

Date ~~189~~ 1900 Month July Day 7th. | Age Y. 43 M. – D. | Native of Pr. Geo. Co. | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death { Primary | Immediate Paralysis } How long sick | Accident, Suicide, Homicide

Reported by Rawlings Bro.

Address North Keys. Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79848

Name in Full

Certificate of Death

5

Died at Town Lackland County P. Geo Co., MARYLAND

Date 1900 Month July Day 17 | Age Y. M. D. 6 months | Native of Md. | Occupation Infant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ Divorced

Female Colored Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name Lizzie Rice

Cause of Death: Primary Cholra Infantum

Immediate

How long sick

Accident, Suicide, Homicide

105 ~~88~~

Reported by F. Gasch

Address Bladensburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Certificate of Death

Name in Full Harry Delmont Scott.

Died at Town Laurel. County Prince Geo. MARYLAND

Date 1900 Month July Day 14 Age 5 Mo. Native of Washington. Occupation Infant.

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Harry F. Scott.

Mother's Name Alice Scott.

Cause of Death Primary Cholera Infantum 105 How long sick 10 Days

Immediate

Accident, Suicide, Homicide

Reported by J. P. Byrne. M. D.

Address Laurel.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 08988

Recorded
& Permit issued
July 16 '20

Name in Full **Daniel Shanabrook** — Certificate of Death **5**

Died at — Town **Berwyn** — County **Prince Georges County**, MARYLAND

Date **1900** — Month **July** — Day **5th** | Age — Y. M. D. **82 years** | Native of **Penna** | Occupation **Miller**

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living **4 or 5**

Husband / Wife of **Widower**

154

Father's Name **Jake Shanabrook** | Mother's Name **Susana**

Cause of Death — Primary **old age** **#1** | How long sick **3 days**

Immediate **Heart failure** | ~~Accident, Suicide, Homicide~~

Reported by **John T. Burch Justice of the Peace**

Address **Berwyn Prince Geo. Co Md**

No Physician

Must be signed by physician, if any in attendance, otherwise by relative, undertaker or minister.

LIBRARY BUREAU, 79893

Berwyn. P. G. Co. Maryland

J. Gasch. Undertaker. July 6. 1900

Permit is hereby granted for the burial of the body of Daniel Shanabrook, deceased — no attending Physician.

John T. Burch
Justice of the Peace
P. G. Co., Md.

Name in Full Christana Smith 5 Certificate of Death

Died at Town T.B. County Prince George MARYLAND

Date ~~189~~ 190 Month July Day 16 Age Y. 37 M. D. Native of Md Occupation Housewife

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 9

~~Husband~~ Wife of Wallace B. Smith

Father's Name Henry Pinkney Mother's Name Nellie Pinkney

Cause of Death Primary Valvular Heart disease How long sick one year

Immediate 79 F ~~Accident, Suicide, Homicide~~

Reported by John A Cox Md

Address T.B. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6-988

Name In Full | Certificate of Death

Mary M. Sprigg 5

Died at Town Mitchellsville County Pr Geo. Co MARYLAND

Date ~~Yr~~	Month	Day	Age ~~Y.~~ ~~M.~~ D.	Native of	Occupation
1900	July	28	14	Md	infant

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Robert Sprigg

Mother's Name Maggie Spriggs

Cause of Death

Primary Marasmus

Immediate Tetanus ~~P. L.~~ 105a

How long sick 6 days

Accident, Suicide, Homicide

Reported by B. L. Bird M.D.

Address Leeland P. G. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79818

Name In Full **Robert Spriggs** 5 | Certificate of Death

Died at Town **Mitchellville** County **Prince George** State **State** MARYLAND

Date ~~189~~ **190** Month **July** Day **21** | Age Y. **0** M. **0** D. **4** | Native of **Md** | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced | Number of children living

~~Husband~~ of Wife

Father's Name **Robt Sprigg** | Mother's Name **Maggie Sprigg**

Cause of Death — Primary **179** | How long sick **4 hours**

Immediate **Not Known** ~~701~~ | Accident, Suicide, Homicide

Reported by **Frank Wood**

Address **Wood Moor** ... **dmor**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. **Frank Wood undertaker**

LIBRARY BUREAU, 79998

Name in Full Ruth Steuart

Certificate of Death

5

Died at Town Collington County Prince George MARYLAND

Date ~~189~~ 1900 Month July Day 10

Age Y. — M. 3 D.

Native of Prince George

Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~

~~Wife~~ ~~W. L. Steuart~~

Father's Name W. L. Steuart

Mother's Name Mary Steuart

Cause of Death

Primary Indigestion 105

How long sick 2 months

Immediate Heart failure

Accident, Suicide, Homicide

Reported by B. L. Bird M.D.

Address Leeland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Name in Full James D. Thomas 5 Certificate of Death

Died at Town Marlboro County P.G. Co MARYLAND

Date 1906 Month 7. Day 26 | Age Y. M. 8 D. | Native of Marlboro | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Nathan Thomas Mother's Maiden Name Rose Thomas

Cause of Death: Primary / Immediate Tuberculosis 27 | How long sick 6 mos | Accident, Suicide, Homicide

Reported by L. A. Griffith

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full Richard Vosburgh

Certificate of Death

Died at Town Hyattsville County P. G. Co. MARYLAND

Date 1900 Month July Day 17 | Age Y. 83 M. - D. | Native of N. Y. | Occupation Gardner

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband of Wife Martha Vosburgh

Father's Name John H. Vosburgh Mother's Name ~~Don't~~ Unknown

Cause of Death Primary Chr. Cystitis 123 ~~102~~ How long sick One year

Immediate Asthenia Accident, Suicide, Homicide

Reported by O. L. Richardson 123

Address Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — 5 — Certificate of Death

Clinton Whittington

Died at Town Oak Grove County Prince George MARYLAND

Date ~~189~~ 1900 Month July Day 21 | Age Y. 14 M. 1 D. 21 | Native of Md. | Occupation Farmer with his father

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | ~~Number of children~~ living

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Edward Whittington | Mother's Name Sarah Whittington

Cause of Death

Primary Chill with Cholera Morbus. | How long sick 4 days

Immediate Congestive Chill, Collapse. | ~~Accident, Suicide, Homicide~~

Reported by B. L. Bird M. D.

Address Leeland Md 13

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full 5 Certificate of Death

Edith M. Wood.

Died at Town Woodmore County Prince George Co. MARYLAND

Date ~~189~~ 1900 Month July Day 13. | Age Y. M. 8. D. 15. | Native of Md. | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name James W. Wood. Mother's Name Agnes R. Wood.

Cause of Death

Primary Cholera Infantum | How long sick 24 hours

Immediate Convulsions ~~8 2~~ | Accident, Suicide, Homicide

Reported by B. L. Reid M.D. 105

Address Leeland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898